

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000493

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WESLOCK CO ☐ ☐ ☐ ☐
Pick up Address: 13344 S MAIN ST ☐ ☐ ☐ ☐
(Number) (Street) (City) (State)
Telephone Number: () P.O. or Contract No.:

Order Placed By: _____ Date: _____

Type of Process _____
Which Produced Wastes: _____

(Examples: metal plating, equipment cleaning, oil drilling, Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Water waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Sludge and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) _____ Code No. _____

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: _____	ppm
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

Hazardous Properties of Waste:

pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bulk Volume: 5,000 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____
Containers: _____ ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____
Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____
Special Handling Instructions (if any): _____

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping ☐ ☐ ☐ ☐
Business Address: 2501 1/2 W. Manchester Ave. ☐ ☐ ☐ ☐
(Number) (Street) (City) (State)
Telephone Number: 778-7642 Pick Up: _____ Time: _____
(Area) (Number) (Street) (City) (State)

State Liquid Waste Hauler's Registration No. (if applicable): 483

Job No.: 00999 946 Loads or Trips: 1 Unit No.: 1

Vehicle: ☐ vacuum truck ☐ barrels, ☐ flatbed, ☐ other Truck (specify)
The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INC. ☐ ☐ ☐ ☐
Site Address: 2425 So. Garfield Ave. ☐ ☐ ☐ ☐
Monterey Park, Calif. 91754
(Number) (Street) (City) (State)

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery
☐ treatment (specify): _____
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
other (specify): _____ Code No. _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 1-10-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and is delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.